

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366285	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2026
NAME OF PROVIDER OR SUPPLIER Continuing Healthcare of Shadyside		STREET ADDRESS, CITY, STATE, ZIP CODE 60583 State Route 7 Shadyside, OH 43947	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, and policy review, the facility failed to ensure residents received refunds due to the residents within 30 days. This affected two residents (#1 and #2) of three residents reviewed for refunds. The facility census was 80. Findings include: 1. Closed record review revealed Resident #1 was admitted to the facility on [DATE] with diagnoses including multiple sclerosis and osteoporosis. Review of a nursing note dated [DATE] at 8:54 A.M. by Licensed Practical Nurse (LPN) #123 revealed Resident #1 discharged from the facility to an assisted living facility. Review of an invoice dated [DATE] revealed Resident #1 was issued a check for \$1565 on [DATE]. 2. Closed record review revealed Resident #2 was admitted to the facility on [DATE] with diagnoses including dementia. Review of a nursing note dated [DATE] at 10:21 A.M. by LPN #200 revealed Resident #2 expired in the facility. Resident's physician, family and hospice were notified. Review of an invoice dated [DATE] revealed Resident #2's estate was issued a check for \$6440 on [DATE]. Interview on [DATE] at 9:15 A.M. with Resident #2's responsible party revealed they had still not received a refund from the facility. Interview on [DATE] at 10:00 A.M. with Receptionist #127 revealed she believed the amount of time a refund should be issued was 90 days. Receptionist #127 revealed she was responsible for petty cash at the facility since there was not an in-house business office and the corporate office was located in Cleveland. Receptionist #127 stated she received a call the day prior ([DATE]) related to Resident #2 because his estate had still not received a refund from the facility and she forwarded the information on to the corporate office. Resident #2's responsible party had indicated she spoke with the corporate staff multiple times with no response. Receptionist #127 stated the responsible party was irate. Receptionist #127 confirmed [DATE] to [DATE] was longer than 90 days and was not a timely issue for a refund for Resident #2. Interview on [DATE] at 1:45 P.M. with Administrator revealed the facility policy stated residents should receive a refund within 90 days. Administrator stated refunds are not processed at the facility so he was not aware of any delays. Follow-up interview on [DATE] at 1:39 P.M. with Administrator confirmed Resident #1 discharged from the facility on [DATE] and was not issued a refund until [DATE] which was greater than 90 days per facility policy and 30 days per regulations, and Resident #2 was admitted to the facility on [DATE] and expired on [DATE] and was not issued a refund until [DATE] which was greater than 90 days per facility policy and 30 days per regulations. Review of an undated policy titled Refund Policy revealed in the event a credit balance has resulted from a private pay payment on a resident account the balance will be refunded based on the following: the account is paid in full by all other entities, refund will be issued by check within 90 business days, and refund will be issued only to the resident, resident's estate or in some cases, the responsible party. This deficiency represents non-compliance investigated under Complaint Number 2797689.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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